

Southwest District Health

Environmental Health Services

920 Main Street • Caldwell • Idaho 83605 208.455.5400

Establishment # TEC-_____

Application for Food Establishment License

Purpose (check one) New Construction Change of Owner Informational Change Remodel Conversion

License Fees:

- Food establishment with more than two licenses \$150.00
- Food establishment: restaurants, schools, processors \$125.00
- Mobile food unit with independent commissary (MOBC) \$85.00
- Additional mobile unit at same commissary (MOCM) \$65.00
- Mobile food unit with restaurant commissary (MORC) \$65.00
- Additional mobile unit at same restaurant (MOCM) \$65.00
- Mobile unit without commissary (MWOC) \$65.00

Section A

Person Applying for Food Licensure:

Applicant Name: _____ Birth Date: ____/____/____

Print
Applicant Mailing Address: _____ Phone Number
() _____ - _____

Street City State Zip
Applicant Signature E-mail: () _____ - _____

Business Information:

Business Name: _____ Phone Number
() _____ - _____

Business Street Address: _____ Business Mailing Address: _____

Street City State Zip Street City State Zip
Business e-mail (if applicable) Business Fax:
() _____ - _____

Ownership: Association Corporation Individual Partnership Other _____

Please provide name/title and address of owner(s):

Owner Name _____ Address _____ Phone _____

Name and Title _____ Address _____
Local Resident Agent (if required by business type)

Name _____ Address _____ Phone _____

Manager of Establishment (on-site contact):

Name _____ Title _____

Address _____ Phone _____

If Applicable District Supervisor Regional Supervisor
Name _____ Title _____

Please submit additional copies of pages 1 and 3 if there are multiple licenses at one address.

Before issuing a food permit, the permit holder shall submit to SWDH properly approved plans and specifications for review and approval. (Idaho Food Code 8-201.11)

Is this application for: New construction Remodel Conversion?

- A) If new construction, have plans been submitted and a plan review been conducted.
 Yes No - supply SWDH with a copy of plans and *\$100.00 review fee.*
- B) If a building conversion/remodel is planned, please describe the changes made.
 Adding square footage to the food preparation or kitchen area.
 Converting building from a market/office/retail setting to a food service style establishment.
 New mobile unit with no previous Idaho Food License, or newly constructed.
 Other _____

If a box is checked, please supply SWDH with a copy of plans and *\$100.00 review fee.*

- C) Mobile unit licensed in Idaho and a copy of old food license is attached.
 No plan review required - submit Mobile Unit Self Assessment
- D) New equipment added to facility.
 Yes - An Environmental Health Specialist will determine if a plan review is required

Type of Operation:

<input type="checkbox"/> Food Service	<input type="checkbox"/> Market	<input type="checkbox"/> Processing
<input type="checkbox"/> Fast Food/Taverns (NFSV) <input type="checkbox"/> Full Service Restaurant (FLSV) <input type="checkbox"/> Vending Operation (VEND) <input type="checkbox"/> Elementary School (ELSC) <input type="checkbox"/> School/Other (SCHL) <input type="checkbox"/> Hospital (HLCR) <input type="checkbox"/> Correction Facility (INOT)	<input type="checkbox"/> Retail/Grocery/C-Store (MRKT) <input type="checkbox"/> Produce Market (PROD) <input type="checkbox"/> Meat Market (MEAT) <input type="checkbox"/> Deli (DELI) <input type="checkbox"/> Fish (FISH) <input type="checkbox"/> Bakery (BAKE)	<input type="checkbox"/> Food Processor/Packaging (PROD) <input type="checkbox"/> Bottling Operation (BOTL) <input type="checkbox"/> Other (PROT)
		<input type="checkbox"/> Mobile Food (FSMB) <input type="checkbox"/> Mobile Food w/Commissary(-----) Vehicle License # _____

Food establishment does not prepare, but offers for sale, only pre-packaged food that is not potentially hazardous. (Low Risk Application may be acceptable.)

Food establishment does not prepare, but offers for sale, only pre-packaged food that is potentially hazardous (pre-made sandwiches, lunch meats, frozen entrées).

Hours of Operation

Monday _____: _____ a.m./p.m. to _____: _____ a.m./p.m. Tuesday _____: _____ a.m./p.m. to _____: _____ a.m./p.m.
 Wednesday _____: _____ a.m./p.m. to _____: _____ a.m./p.m. Thursday _____: _____ a.m./p.m. to _____: _____ a.m./p.m.
 Friday _____: _____ a.m./p.m. to _____: _____ a.m./p.m. Saturday _____: _____ a.m./p.m. to _____: _____ a.m./p.m.
 Sunday _____: _____ a.m./p.m.

Is planned establishment year round or seasonal?

If seasonal, what months will you operate: _____

Section B

Additional Information about your Food Establishment

To assist in the determination of the food establishment risk type, please complete the following section. This information will be used to assist the Environmental Health Specialist in determining what risk factors may influence your establishment.

Demonstration of Knowledge:

Name of certified food handlers:

1. _____ Exp. Date _____ 2. _____ Exp. Date _____

Course Attended

- | | |
|---|--|
| <input type="checkbox"/> (a) State Food Exam | <input type="checkbox"/> (d) Serve Safe |
| <input type="checkbox"/> (b) Health District Course | <input type="checkbox"/> (e) National Registry of Food Service Professionals (NRFSP) |
| <input type="checkbox"/> (c) Exporior | <input type="checkbox"/> (f) Other _____ |

Score Received _____

Section B - Continued

➔➔➔ Please fill out if operating a restaurant, mobile unit, school, etc, or if food is planned to be prepared on site.

Approved Sources and Menu Analysis:

1. Please provide proposed menu.

2. What time is food delivered to the establishment?
[m] morning [m] afternoon [m] evening

3. Does the food establishment serve wild game or wild mushrooms?
[m] Yes - Is there documentation? [m] No
What items appear on menu:

4. Are additives added to any foods (sulfites, MSG)?
Spices are not considered additives.
[m] Yes [m] No

5. Are raw food products cooked in the microwave oven?
[m] Yes, what menu items?

6. What form of egg product is used?
[m] Pasteurized egg [m] Shell egg
Menu items for shell eggs:

7. Are shellfish sold or prepared on site?
[m] regularly [m] special occasions [m] seasonally
[m] No - shellfish not served at this establishment.
[m] When or how often do shellfish items appear on menu?

[m] Harvester's tag or label is attached until container is empty/tags stored on file for 90 days.

8. Are in house ready-to-eat products prepared (pasta, potato, tuna, egg salads)?
[m] Yes, what types? [m] No

9. Are commercially processed foods prepared on site (salad dressings, BBQ sauce)?
[m] Yes, what types? [m] No

10. Is batch cooking a process used at the establishment?
What food items are prepared and when (morning, afternoon, evenings)?

[m] Yes, how are temperatures monitored?

[m] How are cooling processes monitored?

11. Is time for food holding used as a method to prevent bacteriological growth (warmers and deli cases)?
[m] Yes, how is this monitored? [m] No

12. Does the establishment offer a catering service?
[m] Yes [m] No
Provide a menu if different than the establishment menu.

Water Supply: [m] City water supply [m] Community water system [m] Private well

Community name: _____

[m] A copy of the establishment's menu has been attached/or list the menu on a separate sheet of paper.

Consumer Advisory:

If an animal food such as beef, egg, fish, lamb, milk, poultry, or shellfish is raw, undercooked, or not otherwise processed to eliminate pathogens, and is offered in a ready to eat form, or as a raw ingredient in another ready-to-eat food, the license holder must inform the consumer of health risks.

The license holder must use any effective means to inform consumers of potential health risks including:

[m] Brochures [m] Deli-case placards [m] Signs [m] In menu [m] Verbally

Warning must state:

“Consuming raw or undercooked meats and poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.”

→→→ Please fill out if operating a food processing or (re)packaging operation.

Food Processing Facility Specification Requirements

In addition to the plans and specifications required by the Idaho Food Code, the following information pertaining to food processing activities is needed to evaluate your proposed operation. (Please fill out on separate page.)

1. Type and ingredients of the food product(s) to be manufactured or processed.
2. Proposed label showing display panels with all mandatory label information.
 - a. Common or usual name of food/commodity.
 - b. Ingredients in the order or predominance by weight.
 - c. Manufacturer/packer – a street address is required if the company is not listed in a current telephone directory.
 - d. Net weight/volume – dual declaration required.
 - i. Both weight and volume required unless weight is less than one pound and volume is less than one pint.
3. Container information, including the type of construction and source of containers and lids or closures.
4. Production and processing operations:
 - a. Source, condition, and handling of raw products and ingredients.
 - b. Product preparation procedure – cleaning, peeling, chopping, blanching, etc.
 - c. Packing procedure – mechanical, by hand.
 - d. Processing – thermal, pressure, freezing, etc.
 - e. Cooling.
 - f. Labeling procedure.
 - g. Quality control:
 - i. Tests – bacteriological, chemical, water activity, pH, etc.
 - ii. Methodology for tests.
 - h. Coding.
 - i. Storage and distribution.
 - j. Record keeping – shipping receipts, processing, quality control, coding, etc.
5. General maintenance procedure:
 - a. Cleaning operations:
 - i. Facilities.
 - ii. Equipment and utensils – manual, clean in place (cip).
 - b. Sanitation of equipment and utensils.
 - c. Storage and handling of cleaned portable equipment and utensils.
 - d. Animal and vermin control.
6. Projected quantity of food to be manufactured or processed – initial production and long range goal.
 - a. Estimated gross sales.
7. Square footage of facility.
8. Water source.

Section C

Written request for preoperational inspection 30 days prior to opening (application meets requirement).

Has applicant received the Idaho Food Safety and Sanitation Manual (if applicable). Yes No

Has applicant received a copy of the Idaho Food Code. Yes No

⚠️⚠️Separate approvals:

Contact the local building, fire, plumbing, and electrical department for their requirements. If alcohol beverages are to be sold, contact the Alcohol Beverage Control Bureau (Idaho Department of Law Enforcement) for approval.

Food license expiration. The license for an Idaho food establishment expires on December 31 of each year.

Renewal of license. A renewal application and a license fee must be submitted to the regulatory authority by December 1 of each year for the next calendar year starting January 1.

License is not transferable. A license may not be transferred when ownership changes, according to section 8-304.20. The new owner must apply for his own license.

Idaho Food Code 8-301.11 and IDAPA 16.02.19 Application for License

I have been given a copy of the Responsibilities of the Permit Holder – Initial _____

I understand and hereby agree to comply with the rules governed by the Idaho Food Code, and the Responsibilities of the Permit Holder as contained in the Idaho Food Code Section 8-304.11. As the legal owner/agent I attest to the accuracy of the information provided in this application form.


Signature of Owner/Agent _____ Date _____

Indicate whether signature is that of Legal Owner or Agent

Please print owner's name _____

An incomplete application will not be accepted or processed.

**Please return application and fees.
Address to Environmental Health Services, Southwest District Health**

<p>For Office Use Only:</p> <p>Est. # TEC- _____ Risk _____ EHS# _____</p> <p>Sewage _____ Water _____ PWS # _____</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private <input type="checkbox"/> Private</p> <p>Insp. Inter: _____</p> <p>Type of Establishment:</p> <p>Food establishment with more than two licenses <input type="checkbox"/> \$150.00</p> <p>Food establishment: restaurants, schools, processors <input type="checkbox"/> \$125.00</p> <p>Mobile food unit with independent commissary (MOBC) <input type="checkbox"/> \$ 85.00</p> <p style="padding-left: 20px;">Additional mobile unit at same commissary (MOCM) <input type="checkbox"/> \$ 65.00</p> <p>Mobile food unit with restaurant commissary (MORC) <input type="checkbox"/> \$ 65.00</p> <p style="padding-left: 20px;">Additional mobile unit at same restaurant (MOCM) <input type="checkbox"/> \$ 65.00</p> <p>Mobile unit without commissary (MWOC) <input type="checkbox"/> \$ 65.00</p>	<p>Promoting and Protecting your Health in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties:</p> <p>Environmental Health Office Locations</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Caldwell</td> <td style="text-align: center;">Emmett</td> <td style="text-align: center;">Payette</td> </tr> <tr> <td style="text-align: center;">920 Main 83605 455-5400 Fax 455-5405</td> <td style="text-align: center;">1008 E. Locust 83617 365-6371 Fax 365-4729</td> <td style="text-align: center;">1155 3rd Ave. N 83661 642-9321 Fax 642-5098</td> </tr> </table> <div style="text-align: center; margin-top: 10px;">  </div>	Caldwell	Emmett	Payette	920 Main 83605 455-5400 Fax 455-5405	1008 E. Locust 83617 365-6371 Fax 365-4729	1155 3 rd Ave. N 83661 642-9321 Fax 642-5098
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<p>Food Fee \$ _____ Date _____ Receipt # _____ Initial _____</p> <p>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p>	<p>Plan Review Fee \$ _____ Date _____ Receipt # _____ Initial _____</p> <p>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p>						

Southwest District Health

Environmental Health Services, 920 Main Street Caldwell, Idaho 83605 (208) 455-5400

Idaho Food Code Compliance and Enforcement Policies

RESPONSIBILITIES OF THE PERMIT HOLDER § (8-304.11)

Upon acceptance of the *Permit* issued by Southwest District Health to operate a food establishment, the permit holder, in order to retain the *Permit* to operate the establishment shall:

- 1) Post the *Permit* in a location in the *food establishment* that is conspicuous to consumers;
- 2) Comply with the provisions of this Code including the conditions of a granted *variance* as specified under § 8-103.12 and *approved* plans specified under § 8-201.12;
- 3) If a *food establishment* is required under § 8-201.13 to have a Hazard Analysis Critical Control Point (HACCP) *Plan*, it must comply with the plan as specified under § 8-103.12;
- 4) Immediately report to *Southwest District Health* any food employees diagnosed with *Salmonella typhi*, *Shigella* spp., (shiga toxin-producing) *Escherichia coli*, or Hepatitis A virus, see § 2-201.15;
- 5) **Immediately discontinue operations and notify Southwest District Health if an imminent health hazard may exist such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition. or any other circumstance that may endanger public health** according to § 8-404.11;
- 6) Allow Southwest District Health or other health authority representatives upon due notice, reasonable access to the food establishment for inspections, information, or sample collection, and to access records, as specified under § 8-402.11;
- 7) Replacement of existing facilities and equipment specified under § 8-101.10 with facilities and equipment that comply with this Code if:
 - a) Southwest District Health directs the replacement because the facilities or equipment constitute a public health risk, are a nuisance, or no longer comply with their initial accepted criteria or intended use,
 - b) Southwest District Health directs the replacement of the facilities and equipment due to a change of ownership, or
 - c) The facilities and equipment are replaced in the normal course of operation.
- 8) Comply with directives of Southwest District Health including time frames specified for corrective actions on inspection reports, notices, orders, warnings, and other directives issued by Southwest District Health regarding the LICENSE HOLDER'S FOOD ESTABLISHMENT or in response to community emergencies.
- 9) Accept notices issued and served by Southwest District Health according to LAW and
- 10) Be subject to administrative, civil, injunctive, and criminal remedies authorized in LAW for failure to comply with this Code or a directive of Southwest District Health including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives.